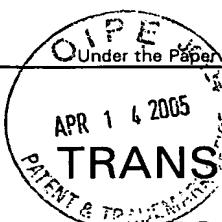


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

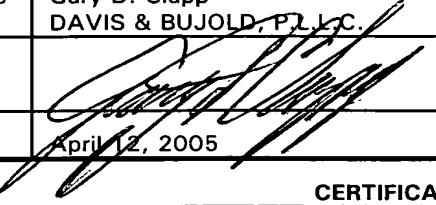
		Application Number	09/579,670
		Filing Date	May 26, 2000
		First Named Inventor	Miles Aram DEFOREST and Eric Trounson MACHARDY, Jr.
		Group Art Unit	2113
		Examiner Name	Michael C. Maskulinski Fax: (703) 872-93
Total No. of Pages in this Submission: 3		Attorney Docket Number	EMCCOR P11AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached 	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 		

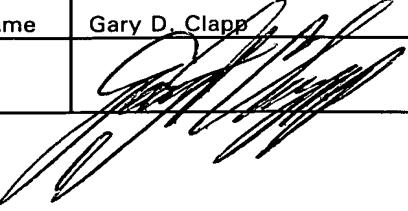
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Gary D. Clapp DAVIS & BUJOLD, PLLC.	Reg. No. 29,055 CUSTOMER NO. 020210
Signature		
Date	April 12, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 12, 2005.

Type or printed name	Gary D. Clapp
Signature	
Date: April 12, 2005	

FEE TRANSMITTAL

APR 14 2005

for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.
Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$500

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit09/579,670
May 26, 2000
Miles Aram DEFOREST
Michael C. Maskulinski
2113

Attorney Docket No.

EMCCOR P11AUS

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	

FEE CALCULATION

- 1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	—
SUBTOTAL (1)					\$

- 2. CLAIMS

	<u>Extra</u>	<u>Fee From Below</u>	<u>Fee Paid</u>	
Total Claims	-20*	=	\$ 50 (\$ 25) x =	
Ind. Claims	- 3	=	\$200 (\$100) x =	
Multiple Dependent	=	=	\$360 (\$180) x =	
** or number previously paid, if greater; For Reissues, see below				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				
\$				

**or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)\$500

SUBMITTED BY

Completed (if applicable)

Typed or
Printed Name

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29,055

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04-0213

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Date: April 12, 2005